						
FEE TRANSMITTAL for FY 2005 Potent five and support to annual newspan.		Complete if Known)
		Application Num		10/618,061		
		Filing Date		July 11, 2003		_i
		First Named Inve		Michael P. La	mmen	3
Applicant doims small entity status.	See 37 CFR 1.27.	Examiner Name		Le, Huyen D		7
TOTAL AMOUNT OF PAYMENT	(5) 60.00	Art Unit		3751		7
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For the above-identified deposit a Charge fee(s) indicated below Charge any additional fee(s) under 37 CFR §§ 1.16, 1.17,	ccount, the Director is have or underpayment of fee	nereby authorized Charge	í to: (check all	that apply) d below, excep	et for the filing fee	
FEE CALCULATION						
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2. ADDITIONAL FEES Large Entity Small Entity						
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	information Clasicaure Simi sion after final rejection (37 CFR § 1.	129(a))				
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Other fee (specify)		- • •				
	SUBTOTAL (2)		(\$)			
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Name (Provi) pop Rogar W. Blakely, J		(Attorney/Agent)	25,831	Telephone	(714) 557-3800	1
Signature Challa 1	31.11.11			Dati	03/03/05	1
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ased on PTO/SE/17 (12-04) as modified by Blatiely, Solution, END TO: Commissioner for Patients, P.O. Box 1450, Alexan	Taylor & Zaliman (var) 12/15/2004.					
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PAGE 3/10 * RCVD AT 3/3/2005 8:29:20 PM (Eastern Standard Time) * BVR:UBPTO-EFXRF-1/2 * DNB:8729308 * CRID:7145573347 * CHDATION (IND.47) (2/2-5/2-6/2-7)

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 25901 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE ___ OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA **BASIC FEE** OR BASIC FEE 375.00 750.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X42= X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +140= +280= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL 750 **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST ADDI-REMAINING ADDI-NUMBER PRESENT ENT TIONAL **AFTER PREVIOUSLY** RATE RATE TIONAL **EXTRA AMENDMENT** PAID FOR FEE FEE MENDM Total Minus X\$ 9= X\$18= 7). 10 OR independent Minus X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-REMAINING PRESENT NUMBER ADDI-ENDMENT AFTER **PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X42= X84= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +140= +280= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ADDI-ADDI-PRESENT AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL **AMENOMENT PAID FOR** FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** = X42= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X84= OR +140= +280= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL OR ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.